

Great Parents, Great Start Evaluation Report

2010-2011 Program Year

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Summary and Highlights

Purpose of the Evaluation

The purpose for 2010-11 was to provide ongoing evaluation of the Great Parents, Great Start (GP, GS) funded services and programs coordinated by the 57 Intermediate School Districts in the State of Michigan in collaboration with their local partners and Great Start Collaboratives. Specific information was to be provided by MSU:

1. Investigate how GP,GS grantees were connecting with their local Great Start Collaboratives (GSC), especially how they were connecting to the local strategic plans of GSCs.
2. Examine practices within the Parent-Child playgroups and Home Visiting services through an on-line survey for all GP,GS grantees that offer these programs.
3. Investigate the extent to which GP,GS grantees are blending their funds.
4. Identify what other state initiatives are doing, extending and supplementing the 2008 report on leader states and Great Lakes states across several dimensions.
5. Review the types of evaluations states and local governments might do.

Connections to Great Start Collaboratives

The evaluation team used a framework developed by Julia Coffman to evaluate the GP, GS connections with Great Start Collaborative (GSC) Strategic Plans and Action Agendas. Coffman identifies five different areas that can be a focus of activity: building a supportive **context** for change, improving system **components**, enhancing **connections** between components, building supportive **infrastructure**, and bringing services to **scale**.

- **Service Components.** GP,GS enhanced services identified in GSC plans by providing information to parents in the community, enhancing service quality, serving families with a high level of need, and enhancing the cultural competence of services (73 responses).
- **Connections.** GP,GS programs worked with GSC and other partners to build strong links among services and systems through increasing access to services, developing coordinated assessment and referral processes, and coordinating other cross-agency processes (74 responses).
- **Infrastructure.** GP,GS funds contributed to infrastructure development in five areas: shared funding and resources, increasing family voice in decision making, integrated workforce training, collaborative governance structures, and shared data systems.
- **Scale.** A few GP,GS programs used funds to open additional slots in existing services or to replace lost funding from other sources.

Program Practices

Parent-child playgroups, home visiting services and parent education services were assessed using an online survey. The following is a snapshot of the results.

- From a total of 215 email addresses, we received 176 surveys for a response rate of 82%.
- Among these respondents, almost all (87%) provided parent-child playgroups, almost three quarters (74%) provided home visits, and approximately half (49%) provided parent education programs.
- A relatively high percent of staff (59% to 85%) agreed that their service program (parent-child playgroups, home visiting services, parent education) met each of the legislative mandates.
- While all three services are provided to both universal and targeted families, more than one third of the grantees provided home visits solely to targeted families.
- Generally, programs were reported as trying to reach out to non-English speaking or ESL families; there was also an emphasis on teen parents, homeless and high risk families.
- 128 people responded that they worked for the following organizations: 61% ISD, 22% community-based or nonprofit organization, 11% local school district, 6% unit of local government.
- People were asked to identify their roles; 130 people did so and 46 did not. However, 248 roles were identified, or approximately two per person. Not surprisingly, people identified themselves as a home visitor most often (47%) and secondarily as a playgroup facilitator (35%).

Blended Funding

There was not enough detail or enough consistency in how funding sources were reported on the budget sheets for us to do more than comment generally. For example, one entry would report that they were using ISD funds and another might report they used LEA general funds, Title I funds, and Sec. 31A funds. The funding strategy that GP,GS grantees used across the state may be best characterized as “using parent organization resources”. Most received funds from either the ISD or the LEA. The most common sources of GP,GS program funds were from the ISD. Those named included ISD funds that were undesignated as to source, general funds (Sec. 81) and special education funds. Few received funds from both the ISD and LEAs, and the sources were always unspecified. LEA funding sources were primarily unspecified, but a few identified LEA general funds as a source. Several reported using local tax funds and one grantee mentioned local tax funds designated for special education. United Ways were the primary source of community funding, with some multi-organization grants and private donations also mentioned. This topic will not be discussed further in the body of the report.

Current State Trends in Early Childhood Issues

Changes in funding. From FY 2010 to FY 2011, state appropriations for early care and education programs nationally were generally stable, with increases to pre-kindergarten, home visiting, and other early childhood programs and a 2 percent decrease to child care. Michigan cut appropriations to early

childhood programs by 2.8% in Fiscal Year 2011. Compared to other states in the Great Lakes region, Michigan made much larger cuts to child care funding and had greater than average increases in appropriations for home visiting and other early childhood programs.

Cross-cutting issues. States across the nation continue to work on issues related to building comprehensive early childhood systems, such as developing effective financing and governance structures. Quality and accessibility of infant/toddler services continues to be a focus in many states. Two issues that are moving to the top of the early childhood agenda are diversity and equity in early childhood services and developing coordinated data systems.

- **Diversity and equity.** As the population of young children continues to become more diverse, states have had to address the accessibility and cultural competence of services. Issues include making services accessible to all children and congruent with the values and parenting practices of different cultures, developing a more diverse and culturally competent early childhood workforce, and ensuring full participation by all groups in decision making about programs and services.
- **Coordinated data systems.** States are increasingly looking at ways to develop coordinated or integrated data systems for early childhood services that link to K-12 data systems. The goal of these systems is to better monitor service provision and quality as well as track child outcomes.

State and local approaches to evaluation of early childhood programs and systems

States are faced with many challenges in evaluating the effectiveness of early childhood programs and services. To meet local needs, communities may target a wide variety of outcomes and use very different approaches, while little money is available to fund evaluation or collection of new data. As a result, it is often not possible to conduct an evaluation that will allow one to say the program and not some other factor is responsible for any outcomes shown. However, programs can use existing data to monitor implementation and reach, as well as whether the program is reaching the children and families who were intended to benefit. Evaluation can also measure quality factors that may be predictors of better outcomes for those who participate. Quality measures may include: a) appropriate use of evidence-based practices; b) education, experience and training of staff; and c) adherence of programs to standards of quality. Some states are also evaluating their progress in developing the system of supports and connections that undergird effective early childhood programs and services.

Connections to Great Start Collaborative Strategic Plans

Introduction

Sec. 32j (3) (b) of PA 110 of 2010 requires that to receive funding under Great Parents, Great Start, an intermediate school district (ISD) must, “Demonstrate an adequate collaboration of local entities involved in providing programs and services for preschool children and their parents and, where there is a great start collaborative, demonstrate that the planned services are part of the community’s great start strategic plan.” In their 2010-2011 Continuation Grant Plans, ISDs were asked to describe how Great Parents, Great Start (GP, GS) meets the legislative requirement for collaboration. ISDs that are part of a Phase 1, 2 or 3 Great Start Collaborative, or a phase 4 Great Start Collaborative that had completed a strategic plan, were asked to describe how their planned GP,GS services address the needs and goals identified in the Great Start Strategic Plan and Action Agenda. They were also asked to discuss how the services will build upon existing services in the community. ISDs that are part of a phase 4 Great Start Collaborative that had not yet completed their plan were asked to describe how the planned GP,GS services address the needs identified in the Community Status Report or Report Card.

For the evaluation of GP, GS, the evaluation team reviewed Part D of each ISDs Continuation Grant Plan and coded the types of collaborative activities in which GP,GS participated. We used a framework developed by Julia Coffman* for evaluating system-building activities as the basis for coding GP,GS activities and collaborations.

Framework for Systems Evaluation

The Coffman Framework for systems evaluation is based on the premise that systems change initiatives are dynamic, multi-faceted enterprises involving many different programs, people, organizations and subsystems. They are funded by multiple funding streams across agencies and are influenced by the political and social contexts in which they operate. They can have multiple outcomes for individuals, families, and communities. The complex nature of systems suggests that initiatives may focus on one or more different aspects of the system.

The Coffman Framework describes five major areas of systems change in which an initiative can focus improvement efforts at any given time:

- **Components** – Establishing high performing programs and services in the system that produce results for those who use the services

* Coffman, J. (2007, August). *A Framework for Evaluating Systems Initiatives*. Build Initiative. Available on line at www.buildinitiative.org

- **Connections** – Creating strong and effective linkages across system components that further improve results for children and families using the system
- **Infrastructure** – Developing ongoing support systems needed to function effectively with quality
- **Scale** – Ensuring services and supports are available to all children/families who need them and produce broad and inclusive results
- **Context** – Improving the political environment that surrounds the system so that it produces supportive policy and sufficient funding to sustain it

We have added **Continuous Improvement** to the Coffman Framework, because we believe that to build an effective system, leaders must periodically review data on system functioning and use the feedback to make decisions about adjustments and improvements. In this evaluation we used these six focus areas to describe the ways in which GP,GS collaborated with the systems change activities of their respective Great Start Collaboratives.

Findings

The evaluation team reviewed continuation plan narratives for 52 of 57 ISDs. Of the remaining 5, 1 ISD provided services through another ISD and thus did not have a separate narrative; 3 did not provide a collaboration narrative description; and one reported “no changes from last year”.

Because these narratives were responses to open-ended questions, we cannot assume that those who did not mention a specific activity were not doing it. They may have simply chosen other activities to highlight in their narratives. Thus, the findings demonstrate the range of collaborative activities that GP,GS engaged in but not necessarily the actual frequency of each activity. Some of the ISDs mentioned the specific goal areas of the Great Start Strategic Plan that GP, GS addressed, but most merely discussed how GP, GS fit into the overall plan for the community or the identified needs it addressed.

Overall, the majority of collaborative activities in which GP,GS participated involved enhancing system components, strengthening connections among services, and building infrastructure to support the early childhood system. Fewer collaborative activities involved increasing the scale of services or engaging in continuous improvement, and only one ISD mentioned building a context for early childhood services.

Service Components

A great deal of GP,GS collaborative effort has gone toward enhancing the services available to families of young children, receiving 73 mentions in the narratives. Activities fell into 4 subcategories: providing information to parents in the community, enhancing service quality, serving families with a high level of need, and enhancing the cultural competence of services.

Information for parents. The activity mentioned most often (28 times) was working with

partners to make information on child health and development, parenting, services, and community events available to all families with young children in the community. GP,GS contributed staff and dollars to activities such as developing and distributing materials and newsletters, maintaining websites, conducting community outreach events, and distributing Welcome Baby kits for newborns.

Quality of services. Twenty-four ISDs mentioned contributing to enhancements in the quality of early childhood services. These activities included promoting the use of standard curricula, such as Parents as Teachers, Love and Logic, or Nurturing Parenting, as well as providing play groups and other events that provide education around issues identified as community needs in the Great Start Strategic Plan. One mentioned participating on the Regional Resource Center work group to plan for high quality care in the region.

Serving high needs families. Sixteen ISDs mentioned using GP,GS targeted services to assist high needs families identified in the Great Start Strategic Plan. These groups included teen parents, families of children with social-emotional or behavior problems, homeless families, children with high lead levels, multiple risk families, and families with limited English proficiency.

Culturally competent services. Five ISDs involved GP,GS in increasing the availability of appropriate services to Spanish-speaking and other cultural groups in their communities. Enhancements included hiring staff from the appropriate cultural/linguistic groups, providing mobile classrooms, and working to reduce cultural and economic barriers to participation.

Connections

Building strong and effective linkages across agencies and systems was also a major focus of GP,GS efforts (74 mentions). Activities fell into 3 subcategories: increasing access to services, developing coordinated assessment and referral processes, and coordinating other cross-agency processes.

Access to services. Thirty-four ISDs used GP,GS funds to increase access to services. As one of the few sources of unrestricted funds, GP,GS frequently was used to fill gaps in services that have more restrictive eligibility or to serve families who are on wait lists for other services. In some communities, GP,GS play groups are the only service universally available to families with a child from birth to age 5. GP,GS increased access in a variety of other ways, such as co-locating play groups with other early childhood services and providing access to health or psychological consultants at play groups. GP, GS also supported information and referral services at play groups or throughout the community, and a few mentioned facilitating communication between preschool and kindergarten teachers to smooth kindergarten transitions. Others partnered on services, such as play groups co-sponsored by GP,GS, Early On, and Early Head Start or a “team” approach to home visiting. Some modified services to make them more accessible by changing times or providing transportation.

Coordinated assessment and referral. Nineteen programs described efforts to coordinate assessment and referral systems. GP, GS programs worked with a network of providers to facilitate

cross-agency referrals or had other providers attend play groups to facilitate referrals. Some have a joint coordinator with Early On or other early childhood programs who facilitates referrals. In addition, GP,GS worked closely with health departments to ensure children receive hearing and vision screening and are referred to appropriate health services. A number of counties did developmental screening during play groups and home visits; some have identified a screening tool to be used county wide and one has made a screening tool universally available on line. Several counties are involved in promoting the use of screening in physicians' offices. Hearing, vision and developmental screening are most common, but some counties also screen for maternal depression, family stress, or dental needs.

Coordinated cross-agency processes. Twenty-one ISDs described activities to coordinate other cross-agency processes. Collaborative planning is the most frequent method of coordinating across agencies. The most common partners are the Local Interagency Coordinating Council (LICC) and the Great Start Collaborative (GSC), both of which include a wide range of community partners. Some also mentioned joint decision making about services. A few have developed and are using common enrollment, intake, and consent forms or have begun online enrollment for services.

Infrastructure

A number of different supports are needed to sustain an early childhood system. The ISDs described GP,GS-supported activities that fall into 5 different subcategories of infrastructure development: shared funding and resources, increasing family voice in decision making, integrated workforce training, collaborative governance structures, and shared data systems.

Shared funding and resources. The most common type of infrastructure development, mentioned by 20 ISDs, was funding or resource sharing. GP, GS programs shared staff and sometimes supervisors and space with other early childhood programs. GP,GS funds were used to partially fund the development and distribution of educational materials through Welcome Baby kits or in other early childhood service sites. Several ISDs blended GP,GS funds with other sources to provide a continuum of early childhood services. GP, GS also worked with partners to increase overall investment in early childhood; for example, one ISD mentioned using GP,GS funds to leverage funding for a 2-1-1 service.

Parent/family voice in decision making. Twelve ISDs mentioned activities designed to increase parent participation in decision making and leadership. Most often the GP,GS service staff worked with the Great Start parent liaison to recruit parents for the Great Start Parent Coalition (GSPC). One ISD is working with the GSPC to promote leadership opportunities for teen parents; another is experimenting with moving the GSPC to the local school district level by forming groups at local GP,GS sites. One held focus groups to obtain parent input, and another brought information about the unique needs of cultural groups in the area to planning groups.

Integrated workforce training. A number of GP,GS programs (11 mentions) co-sponsored joint training for early childhood staff on specific curricula or other topics, such as social-emotional health, screening, and healthy lifestyles. One ISD co-located GP,GS and Early Head Start staff so that they could

benefit from joint training and reflective supervision; another said joint training was designed to develop a common framework and understanding of the issues among early childhood staff. One ISD cross-trained staff in eligibility for several early childhood programs.

Collaborative governance structures. In most service areas, GP, GS is an active participant in the GSC and other early childhood committees and work groups. However, in many cases it is difficult to determine from the narratives the extent to which the GSC functions as a structure for joint decision making. Several stated that GP, GS activities align with the Great Start Strategic Plan or that GP,GS plan was approved by the GSC. In a few cases, the ISD has a joint coordinator for GP, GS and other early childhood services; one ISD stated that four collaborative partner agencies provide leadership for the grant. Another ISD allocated GP,GS funds through a mini-grant process with the GSC members acting as proposal reviewers.

Shared data systems and data use. Shared data systems are important to developing an integrated child service system and monitoring program reach and effectiveness. However, Michigan has not yet fully engaged in efforts to develop these systems. Only two ISDs mentioned participating in shared data systems. One is developing a web-based data portal for monitoring of Birth to Five service utilization and outcomes; another has a recruitment database that is used to ensure that all families receive a preschool program option.

Scale. An effective system has the capacity to provide sufficient services to meet the needs. Fourteen ISDs mentioned the use of GP,GS funds to increase system capacity by either expanding the service slots in existing programs or by increasing services to specific target populations. One mentioned funding additional services to meet needs resulting from increasing poverty in the county; others stated that GP,GS funds prevented reduction in program slots due to decreased funds from other sources.

Continuous Improvement. Although continuous improvement is not a specific focus area of system development, timely feedback is necessary to assess system functioning and make needed adjustments to increase its effectiveness. Six ISDs mentioned engaging in activities that could be classified as continuous improvement. Most often, data were collected and used to monitor service utilization and effectiveness. One ISD also mentioned conducting a parent satisfaction survey and tracking cash donations and outside support for services. One community is assessing school readiness for every child entering kindergarten and using the results to train preschool teachers and inform parents.

GP,GS 2010-11 Online Program Survey

Introduction

The legislation that authorizes the *Great Parents, Great Start* (GP,GS) Program requires Intermediate School Districts (ISDs) that receive funding to provide the following services for parents of children birth to age 5:

1. Information on child development from birth to age 5 years
2. Methods to enhance parent-child interaction promoting social and emotional development as well as methods to enhance parent-child interaction promoting age-appropriate language, math and early reading skills
3. Examples of learning opportunities to promote intellectual, physical and social growth of young children
4. Access to needed community services through a community-school-home partnership.

The legislation does not require that ISDs provide these services in any specific ways, which is fortunate because the amount of funds received by an ISD ranges from approximately \$17,000 to \$646,000. We know from prior evaluation work that the ISDs are very creative in their use of funds, especially working with other community agencies to fill gaps in services to parents with young children. This survey focused on the subset of ISDs which provided parent-child playgroups, home visiting services and/or formal parent education services. The difference between a parent-child playgroup and parent education is that children attend the former with their parent or caregiver and in the latter the parent/caregiver attends alone. Both types of programs are expected to be a series of sessions with consistent participation focused on increasing a parent's knowledge and/or skills.

Survey Process

There are 57 ISDs or equivalent School Districts in Michigan. We received a contact list of grantees from the Michigan Department of Education (MDE) GP,GS consultants. In general, this identified the GP,GS program manager but in some cases provided only the ISD administrative grant manager's contact information. We used this list to solicit additional names and email addresses. Each grantee received up to 3 contacts as well as a confirmation on receipt of their information. In the end names and email addresses were received from all but 7 grantees; for these 7 grantees, the contact information in the grant application was used to send the survey out. The number of grantees' email addresses per grant ranged from 1 to 22. From a total of 215 email addresses, we received 176 surveys for a response rate of 82%.

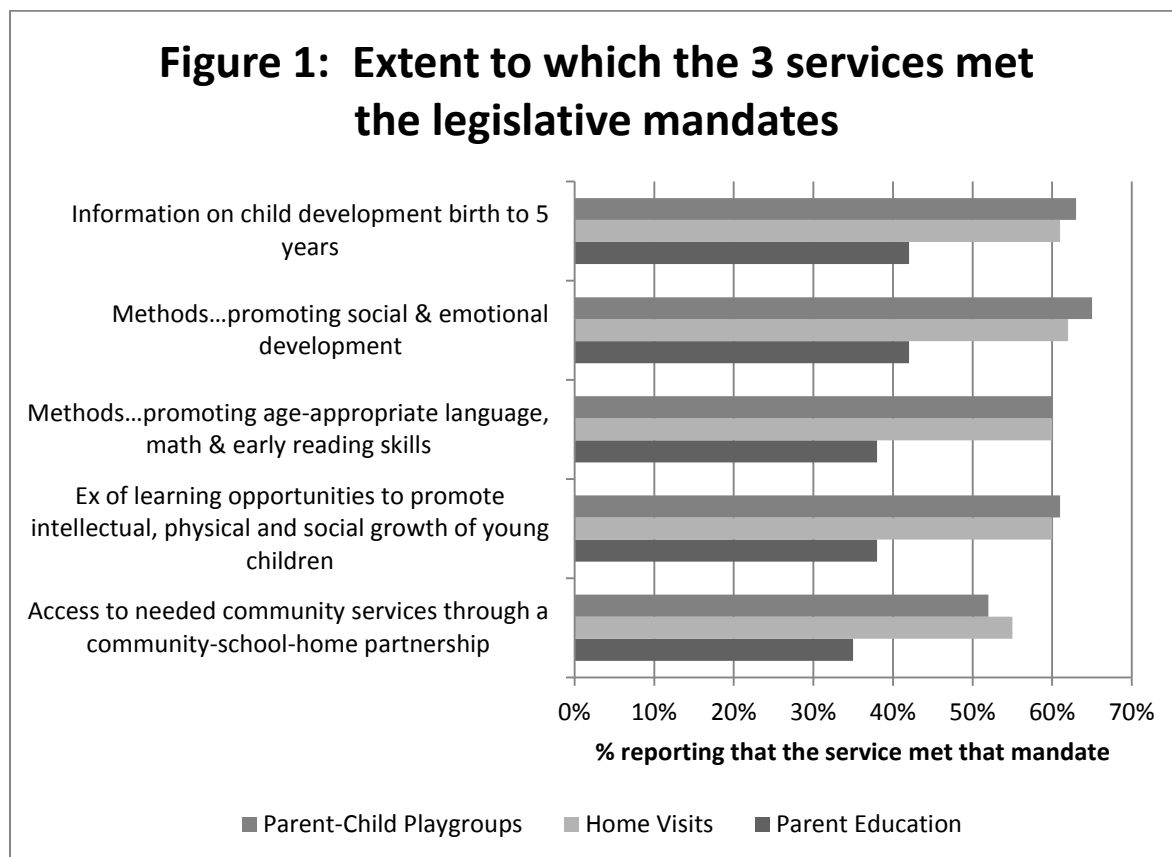
Results

These results do not represent any specific GP,GS grantee. Rather, they are an aggregate of all the responses from all the GP,GS grantees and their early education network partners. Among these respondents, almost all (87%) provided parent-child playgroups, almost three quarters (74%) provided home visits, and approximately half (49%) provided parent education programs.

To what extent did these 3 services meet the legislative mandates?

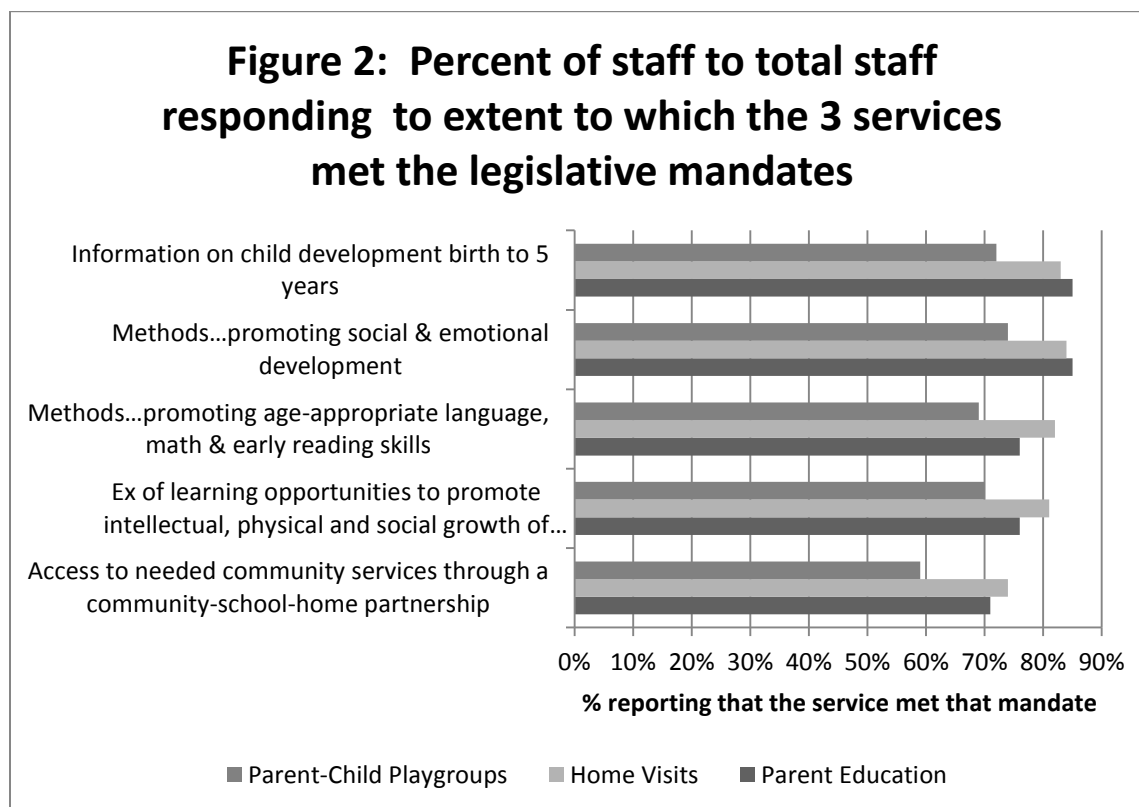
The legislation actually had only 4 mandates. We separated the two related to methods because we believed that staff might use different resources to enhance parents' abilities to promote social and emotional development than they used to enhance parents' abilities to promote to promote age-appropriate language, math and early reading skills.

Figure 1 shows that for the most part responses for play groups and home visiting services are similar in their perceptions of what mandates are met by their services. The shorter line for parent education is likely due to the fact that only half of the grantees offered formal parent education while most offered parent-child playgroups and home visiting services. As a matter of fact, everyone who responded to a given mandate checked that the service met that mandate.



However, when we divide the number of staff responding to each question by the total number of staff who reported their GP,GS grantee provided that service, proportions change. We see in Figure 2 that generally home visitors and parent educators think their venues are better than parent-child playgroups at meeting the legislative mandates. However, it must be noted in no instance is the percent of staff responding low. For example, the shortest bar represents 59% of the playgroup staff who checked that they helped parents gain “access to needed community services.” This specific finding does surprise us. Parent-child playgroups are usually thought of as providing opportunities for parents sharing resources with each other. However, the increasing use of community partners for staffing playgroups combined with community locations for playgroups (such as libraries, community centers, etc.) may have weakened the perception of community-school-home partnership.

What can account for this consistently high rate of agreement with each mandate? We think it is most likely that asking the question created the response. That is, asking “Did your playgroup provide examples of learning opportunities to promote intellectual, physical and social growth of young children?” helped staff remember instances when they provided those examples. The fact that this may have occurred does not negate the positive findings. But it does remind us that questions are never strictly objective.



Resources Used

We also asked about resources used to meet each mandate. There is remarkable overlap across the services provided and the mandates met. That list is prepared as a separate Resource Guide.

Families Served

For each of the services provided, staff were asked how these services were used. That is, were the parent-child playgroups, for example, offered as universal services (available to everyone who chose to participate), targeted services (available only to specific families) or available to both types of families? Table 1 shows the distribution of responses to that question, indicating that while all three services are provided to both universal and targeted families, more than 1/3 of the grantees provide home visits solely to targeted families.

Table 1: Percent of Staff Reporting Populations Served by Service

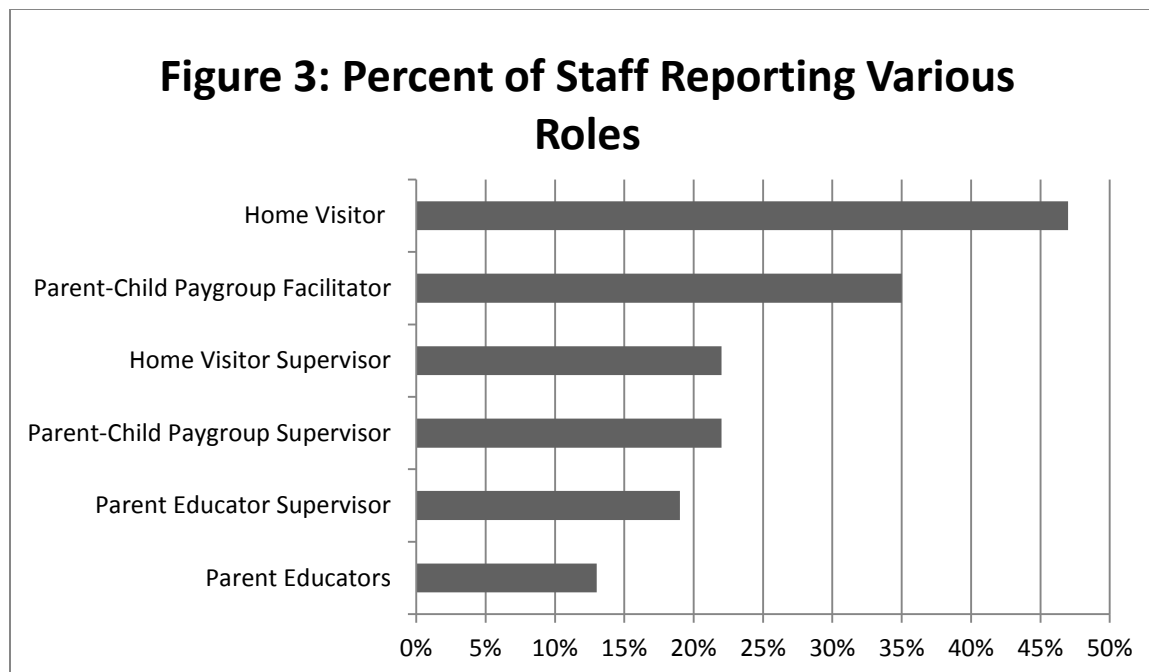
<i>Services Provided</i>	<i>Populations Served</i>		
	<i>Universal Families</i>	<i>Targeted Families</i>	<i>Both Types of Families</i>
Parent-Child Playgroups	12%	10%	78%
Home Visiting	5%	35%	60%
Parent Education	5%	18%	76%

Note: May not add to 100% due to rounding

Grantees were asked a follow-up question about the characteristics of families they were trying to serve. Generally, programs were reported as trying to reach out to non-English speaking or ESL families; migrant, Spanish, Burmese and Arabic families were mentioned. There was also an emphasis on teen parents, homeless and high risk families.

Roles and Agencies

People were asked to identify their roles; 130 people did so and 46 did not. However, 248 roles were identified, or approximately two per person. Figure 3 shows the relative percents of the 248 roles.



Because the number of Home Visitor Supervisors and Parent-Child Playgroup Supervisors was equal, we investigated whether they were the same people. We found that 15 were the same people in both service programs but the other 13 in each group were different people.

People were also asked to select from among four types of organizations: ISD, LEA, community-based or nonprofit organization, and local unit of government. A total of 128 people responded with the following results:

- 61% ISD
- 22% community-based or nonprofit organization
- 11% local school district
- 6% unit of local government

Most of the people who checked “other” were working in organizations that could be recoded into one of these four categories. The only two which were not recoded into one of the four categories were a person who worked for the Chamber of Commerce and a person who said they were a “volunteer under no agency.”

Update on Current Trends in Early Childhood Issues

In September of 2008 the Great Parents, Great Start evaluation report included an overview of current trends in early childhood services.[†] At that time, some of the current issues that states were addressing included expanding pre-kindergarten programs, addressing access and quality issues of infant and toddler care, and enhancing quality of early childhood services through increasing teacher qualifications and developing program quality standards. Although some progress has been made in these areas, there is still much work to be done. In addition, new issues have moved onto the policy agenda.

In this section we will briefly review changes in investment in early childhood services in Michigan, several “leader” states identified in the 2008 evaluation report, and in other Great Lakes states. We chose the Great Lakes region for comparison because these states face similar economic, social, and political contexts. Then we will discuss some cross cutting issues that are coming to the top of the early childhood agenda throughout the nation.

State Budget Actions in Early Care and Education (ECE) Funding[‡]

The National Conference of State Legislatures (NCSL), which follows state actions on a number of topics, asserts that states have been taking the lead on early childhood issues. Research on early brain development and economic benefits have impelled state legislators to expand programs and investments.

NCSL does annual budget analyses of state appropriations for four types of early care and education (ECE) funding: child care, pre-kindergarten programs (pre-K), home visiting, and other ECE services. Pre-kindergarten programs include state-funded preschool programs, such as the Great Start Readiness Program in Michigan. Home visiting funds go to a variety of different national and state programs, such as Nurse Family Partnership, Help Me Grow, Healthy Families America, and Prevention of Child Abuse and Neglect. Other ECE programs can include a variety of different types of programs and activities. Some states make supplementary appropriations to Early Head Start to increase program capacity, while others fund their own birth-to-five programs, health and developmental screening, early childhood

[†] Bates, L.V. & Reed, C.S. (2008 September). *State Approaches to Early Childhood Education and Care: Overview of Recent Trends in State-Level Actions*. East Lansing, MI: Community Evaluation Research Center, Michigan State University.

[‡] National Conference of State Legislatures (2011). *Early Care and Education State Budget Actions, FY 2011: Summary of Findings*. <http://www.ncsl.org/?tabid=22343>

mental health services, parent education, or infant/toddler services.

From FY 2010 to FY 2011, state appropriations for early care and education programs overall were generally stable, with increases to pre-K, home visiting, and other early childhood initiatives and a 2 percent decrease to child care. States used a variety of funding sources including state general funds, Temporary Assistance for Needy Families (TANF) funds, tobacco settlement money, taxes and licensing fees. Other sources of federal funding included Child Care Development Block Grant funds and American Reinvestment and Recovery Act (ARRA) money.

Table 2 compares changes in state investments in early care and education programs from FY 2010 to FY 2011 in Michigan with a select group of other states. These include several states that in the past have been considered “leaders” in ECE – California, North Carolina, Illinois, and Pennsylvania -- as well as other states in the Great Lakes region. Some of these figures are estimates and should not be considered as exact.

As the table indicates, there was variability in the extent to which these states maintained or increased funding for ECE programs. Three of the leaders, California, North Carolina, and Illinois had significant decreases in overall investment, while Pennsylvania had modest increases. Minnesota made the most significant increase in investment among the states reviewed.

Table 2: Percent Change in State Investment in ECE Programs, FY 2010 – FY 2011[§]

<i>Programs</i>	<i>States</i>								
	MI	IL	IN	PA	MN	OH	WI	CA	NC
Child Care	-19	-4.5	-8.5	+1.2	+13.7	+0.1	+1.0	-16	-10.5
Pre-K	+2.7	*	*	-1.4	+16.9	-35.1	+13.2	-13.6	-1.6
Home Visiting	+35.0	+1.3	+7.1	+14.5	0	+24.4	+0.7	n/a	*
Other Early Childhood Programs	+104.2	*	+99.9	-2.4	+7.3	0	+0.3	-2.0	*
Total State Investment	-2.8	-4.4	-5.9	+1.0	+12.8	-0.9	+4.2	-13.9	-8.1

Source: National Conference of State Legislatures, State Budget Actions 2011.

<http://www.ncsl.org/default.aspx?tabid=22343>

* No information provided

Comparing Michigan to the other states, we find that Michigan made more significant cuts to child care funding than any other state but had a modest increase in funding for pre-K programs. The 35% increase in funding for home visiting is largely the result of an infusion of federal money from an Affordable Care Act grant for maternal, infant and early childhood home visiting. In FY 2010 the funding for Nurse Family Partnership program was vetoed by the governor. The Zero to Three program, which

[§] Source: National Conference of State Legislatures, *Early Care and Education State Budget Actions, FY 2011*. Available on line at <http://www.ncsl.org/default.aspx?tabid=22343>

was suspended in 2010, was restructured in 2011 to focus on urban counties. There was also an infusion of federal funds for the Maternal Infant Health Program. For other ECE programs, there were large increases in funding for the Strong Families, Safe Children program, funded by federal Title IV-B revenue and increases for infant toddler services, newborn screening from fee revenue.

Cross-cutting issues in ECE

As states work to build comprehensive early childhood systems, a number of issues have arisen that are common to many or most states. The BUILD initiative has identified a number of ongoing issues among their state partners, including system building approaches, financing, and governance. Improving and sustaining infant/toddler care was reviewed in our 2008 report. In this section we will briefly review two of these issues that have been emerging on the policy agenda over the past few years.

Diversity and equity in ECE.** The United States is becoming more diverse and young children are leading the way. In 2005 some 45% of children from 0-4 were children of color and in the coming years, most of the growth in the population of young children will be among children of color. According to BUILD, which supports early childhood system building in multiple states, early childhood systems will have to explicitly address five existing gaps to competently meet the needs of young children of color entering their systems:

- **A readiness gap** by income, race, and ethnicity is confounded with many other gaps, such as safety, health, and justice involvement. Systems will need to acknowledge and address underlying causes of these gaps, including institutional racism, cultural insensitivity, and disinvestment in certain locations or groups.
- **A participation gap** among children of color in use of basic health, education, and other services requires attention to specific barriers – cultural, financial, logistical, etc – that prevent families from using services.
- **A cultural awareness and recognition gap** may result between developmental values and emphases of the dominant culture and those of the families from different cultural backgrounds. Programs should be able to accommodate a variety of values and approaches.
- **A workforce diversity gap**, resulting from the relative lack of diversity among the early childhood workforce compared to the population of families with young children. Systems must actively conduct outreach and workforce recruitment in diverse communities and support multiple approaches to developing a skilled workforce from differing racial, ethnic, and language backgrounds.
- **A stakeholder planning and decision making gap**, as most decision making bodies lack the input and expertise of individuals from diverse racial, ethnic, and language groups. Decision-making groups will need to develop processes that build trust and ensure that all people have an opportunity to fully participate.

** Source: BUILD. *Building Early Childhood Systems in a Multi-ethnic Society: An Overview of BUILD's Briefs on Diversity and Equity*. <http://www.buildinitiative.org/content/diversity-and-equity>

Coordinated Data Systems^{††}. A number of states are looking at ways to develop integrated data systems for ECE services that are coordinated with K-12 data systems. These systems will offer better ways to monitor service provision and quality, as well as child outcomes. Data from these systems can be used to move from compliance-driven to improvement-driven systems. Schools and program managers can use these systems to follow students longitudinally to determine long-term outcomes of early childhood programs and to monitor factors such as access to high quality programs and workforce preparation.

The Early Childhood Data Collaborative, composed of seven national organizations, has developed recommendations for the 10 essential elements of state ECE data systems to guide state policy, including a unique identifier for each child and links to the K-12 data systems. In 2010 they partnered with the Data Quality Campaign to conduct a survey of states to determine the extent to which each state has implemented these elements. The national and state-by-state results are available in an interactive website at www.ecedata.org.

^{††} Early Childhood Data Collaborative. (2010 August). *Building and Using State Early Care and Education Data Systems: A Framework for State Policymakers*. www.ecedata.org

State and Local Approaches to Evaluation of Early Childhood Programs and Systems^{††}

Introduction

Research has established that preparing young children to succeed in school and life involves multiple supports and opportunities that promote optimal cognitive, physical, and social-emotional development. High quality early learning programs are necessary but must be supplemented with parenting education and support, health, and mental health programs and services. Each of these early childhood services is embedded in different systems – education, health, mental health, child welfare – which must all work together to create an optimal environment for young children.

Because of the complexity of early childhood systems, states and local governments may approach evaluation by assessing the effect of individual programs and services, or they may look at the effectiveness of the system as a whole. In this section we will present some of the challenges to evaluating early childhood programs and systems and some of the practical approaches that state and local governments are taking to evaluation of early childhood education (ECE) programs.

Challenges of evaluating ECE programs and services:

- Based on community needs, there is great variation in intended outcomes, target populations, methods of service delivery, intensity of services, and levels of funding.
- Most often there is no opportunity to compare participants to a similar group who did not receive the services (needed to attribute changes to the services provided).
- Limited funds are available to support evaluation activities, such as collecting data and assessing the progress of individual children.
- Funds may be directed either to implement specific program components or to strengthen connections among an array of services to ensure families have access to the services they need. Each approach would necessitate a different evaluation approach.
- A small amount of funding may be spread over many sites, making the individual impact of the funds impossible to determine.

^{††} Sources: Bruner, C. & Wright, M.S. (2009 September). *The First Seven Years: The BUILD Initiative and Early Childhood Systems Development, 2002-2009*. www.build.org; Ross, C., Moiduddin, E., Meagher, C., & Carlson, B. (2008 December). *The Chicago Program Evaluation Project: A Picture of Early Childhood Programs, Teachers, and Preschool-Age Children in Chicago*. Princeton, NJ: Mathematica Policy Research, Inc.; Society for Research in Child Development. (2009). *A Guide to Implementing Evidence Based Programs and Policies*. Social Policy Brief Vol. 23 No. 3, L. Sherrod (Ed.).

Given the limitations here are some suggestions on indicators that some states and local communities have used to evaluate their early childhood services.

Evaluating individual early learning programs

Reaching the target population, reaching children at-risk of poor school performance

One of the central issues of process evaluation is whether the program was implemented as intended, reaching the children and families who were intended to benefit. The following evaluation questions address the issue of reach.

1. Does the program serve the children and families it was intended to serve?

- Are they representative of the community in general in terms of race/ethnicity, parental education and income, age of children, etc.?
- Do characteristics of children or families attending one service differ from those attending another program (e.g., parent-child play groups vs. parent education sessions)?
- Are the families who participate similar to the families intended to benefit from the program (for example, families with children on wait lists for other programs, low-income families, those from rural areas with limited preschool options)?
- Is the program reaching sufficient numbers of children and families? Has the program achieved its target enrollment?

2. Does the program enroll and retain children who have risk factors considered to be predictors of poor school performance?

Although some programs are intended to serve a universal population of children and families, we know that targeting children at risk of school failure is an effective way to have an impact on school readiness. A number of individual, family, and neighborhood characteristics can place children at greater risk of poor developmental outcomes. Information about some characteristics, such as biological vulnerability based on low birth weight or other health problems may not be available to the evaluators. In addition, it may not be possible or appropriate to assess for family factors such as maternal depression or family stress, which may lead to parent-child relationship problems. Thus, evaluations must assess more distal factors that are often related to greater developmental risk; generally those with more risk factors are more at risk. Some of the known risk factors include:

- Low parental education
- Unemployment or low family income
- Single parent home or very young parent

Some early childhood programs have access to risk assessments that are more in depth, such as the GSRP risk factors or the Kempe Family Stress Index.

3. Do enrolled families participate in the program enough to benefit?

To benefit from a program or services, families/children must participate regularly and for a sufficient length of time. Some ECE program models state the minimum criteria for participation.

4. What is the developmental level of the children entering the program?

In some cases, programs can do developmental assessments as part of the enrollment process, or as part of the services provided.

Quality of Services

Research tells us that quality of services provided does have some impact on how effective the program may be in achieving benefits for the participating children or families. Thus, one can evaluate quality of services provided as a possible predictor of benefits to children and families who participate.

Use of Evidence-Based Practices. Evidence-based practices (EBPs) are program models that have been evaluated using research designs that allow one to make causal inferences; that is to infer that changes seen in the program participants are the result of the program rather than some other factor. Usually EBPs have rather strict implementation protocols one must follow to be successful, so if an EBP is used the evaluation must closely monitor implementation. Use of an EBP can be rather expensive and sometimes is not practical for programs that have very limited funds. Also, EBPs often are appropriate for a specific target population but will not serve the purposes of a universal service or meet specific community needs. For example, the Nurse Family Partnership is an EBP intended for first-time parents. Thus, one cannot assume that an EBP will be effective if it is used with families who have different characteristics than the families who were in the research samples.

Teacher/parent educator qualifications, experience, and relationships. One of the principal factors in high quality programs is the quality of the staff who work with children and families. Education and experience are relevant, as are opportunities for regular professional development. Diversity of the workforce is also important in many areas where the population of families with young children is becoming more diverse; for immigrant populations, teachers with competence in their home language will most likely be more effective.

Quality of programs. Beyond teacher qualifications, there are other factors that have been found to have an impact on program effectiveness. More important than education and training may be

the quality of the interactions between teachers and staff. Factors such as the emotional and instructional support that staff offer to children can have an impact on the effectiveness of the instruction.

There are program standards for a number of early childhood programs, and many states, including Michigan, are developing quality rating systems for child care. These standards can be used to monitor quality in programs. Many EBPs have their own protocols for delivery of the program, which must be followed if the program is to be effective.

Children's Progress

Sometimes it is possible to assess children's progress from the beginning to the end of the intervention. Because there is no comparison group, it is not possible to attribute any gains to their participation in the program. However, as local communities and even states move toward the development of integrated early childhood databases linked to the K-12 data systems, it may be possible to track children's progress over time and to compare them with other children with similar characteristics who did not participate in preschool programs.

Evaluating the Development and Effectiveness of the Early Childhood System

Although high quality programs and services are the primary means of achieving outcomes for children and families, there are many factors that influence the availability and quality of services as well as the extent to which children and families have access to these services. Thus, some states are also evaluating the effectiveness of the early childhood system as a whole. The BUILD Initiative, which funds early childhood system building in its eight partner states, uses the Coffman Framework, referenced in the first section, to evaluate the development and effectiveness of the early childhood system.

The Coffman framework allows states to look at the many aspects of system development, from building public and political support for early childhood issues to enhancing connections among the many different supports and services to building an infrastructure to support and sustain a high quality system. Each year BUILD collects data from its partner states and these data are reported through white papers focusing on different aspects of system building work. These reports are all available on their website, www.build.org, and are an excellent source of ideas about evaluating systems building work.

Implications for Policy

Several of the findings from the 2010-2011 Great Parents, Great Start program have implications for policy. In this section we will briefly discuss these implications.

Having a pool of relatively unrestricted funds allows communities to address the specific needs of their early childhood system, and thus functions as the “glue” to keep the system operating well.

Most of the funding streams used for early childhood programs and services is federal money that comes with very specific eligibility, service provision, and outcome requirements. GP, GS money mandates four types of services, but within that mandate it allows program administrators considerable flexibility. GP,GS programs used their to enhance the quality of services provided through workforce training and other strategies, to expand the number of available slots for high need services, or to target services to specific high risk populations. They also blended and braided funds to increase access to services by filling gaps in eligibility for services, co-locating services with other early childhood programs, and developing coordinated assessment and referral processes.

Common forms could be of benefit to all early childhood programs.

Several ISDs have been working on developing forms used across their early childhood system. These include common enrollment, intake, and consent forms. At least one GP,GS grantee has developed a website for enrollment for early childhood programs. It is likely that other communities would benefit from the work that they have done through having access to these forms on line.

Shared data systems would benefit the early childhood system.

As noted in the report, a number of states are looking at ways to develop integrated data system for early childhood education services that are coordinated with K-12 data systems. Michigan has been in conversations about this goal for some time but generally this has not been a state priority. However, integrated data systems have several benefits to system development as the data on service utilization and outcomes can help move from compliance-driven to improvement-driven systems. Longitudinal program evaluations are quite expensive and it is unlikely that states will have the resources to conduct such evaluation on early childhood programs. However, integrated data systems would enable state policymakers to track outcomes longitudinally for children receiving early childhood services at a reasonable cost.

Monitoring the extent to which programs serve their target populations could enhance the impact of services.

If programs are to have a significant impact on children’s developmental outcomes and school readiness, they must reach families whose children are at risk of poor outcomes retain them for long enough show benefits. In the absence of formal program evaluation, grantees could be required to collect and report sufficient demographic data on children and families to demonstrate they are

reaching the intended target population and that families are participating enough to benefit from the program.